

IOWA DEPARTMENT OF WATER, AIR AND WASTE MANAGEMENT

Report Of Investigation

Page 1 Of 1

<p style="text-align: center;">INVESTIGATION DATE</p> <p>Current 3-28-84 Last 10-20-82</p> <hr/> <p>TO: (Facility Name, Location & Address)</p> <p>Norplex Division UOP Box 445 Postville, Iowa 52162</p> <hr/> <p>RE: (Specify Investigation Purpose Or Cite Rule)</p> <p>Hazardous Waste Inspection IAD-073489288 Air Quality Compliance Inspection</p>	<p>FROM: IOWA DEPARTMENT OF WATER, (Use AIR AND WASTE MANAGEMENT Stamp) Regional Office #1 209 N. Franklin Manchester, Iowa 52057</p> <hr/> <p>Persons Contacted (Name & Position)</p> <p>Chuck Englebert, Plant Manager</p> <hr/> <hr/>
---	--

OBSERVATIONS/RECOMMENDATIONS

On March 28, 1984, I inspected the Norplex facility in Postville, Iowa, to determine general compliance with this Department's rules concerning hazardous waste and air quality. I met with the plant operator, Chuck Englebert, who informed me that they had just shipped out their hazardous waste so there was nothing to see at the hazardous waste storage area. We did look at the empty storage area, and it has been kept in good order. Apparently no spills have occurred. The facility's inspection logs were reviewed, and their hazardous waste shipment manifests were reviewed. No problems were found in either of these areas.

During the air quality inspection, it was noted that the plant was operating rather heavy at this time with only one of the gas-fired treaters (207) not operating. At this workload, observed opacity was 5% on the 202 and 203 treaters, and 0 on the other three operating treaters. (See attached inspection report).

CONCLUSION:

No violations of this Department's regulations concerning hazardous waste or air quality were noted during this inspection. I would like to thank Mr. Englebert for his cooperation during this inspection.

JPS:mc



R00330164
RCRA RECORDS CENTER

RECEIVED
 APR 4 1 43 PM '84
 DEPARTMENT OF
 WATER, AIR AND
 WASTE MANAGEMENT

<p>SUSPENSE DATE</p> <p><u> / / </u></p>	<p style="text-align: center;">Signature</p> <table style="width: 100%;"> <tr> <td style="width: 40%;">Inspector Joe P. Sanfilippo</td> <td style="width: 60%;"></td> </tr> <tr> <td>Regional Administrator Ron Stellick</td> <td></td> </tr> </table>	Inspector Joe P. Sanfilippo		Regional Administrator Ron Stellick		<p style="text-align: center;">Date</p> <p>4/2/84</p> <hr/> <p>4/3/84</p>
Inspector Joe P. Sanfilippo						
Regional Administrator Ron Stellick						
<p>Enclosures (Specify)</p>						
<p>Distribution: Regional Office; Central Office; Inspected Facility Date Copy Mailed: 4-3-84 mc</p>						

Company Name Norplex - Postville Date of Inspection 3-28-84

IAD

0	7	3	4	8	9	2	8	8
---	---	---	---	---	---	---	---	---

HAZARDOUS WASTE GENERATOR
General Administrative Requirements
Site Inspection Report Checklist

Instruction
Answer and Explain
as Necessary

1. Manifest [40 CFR 262.21, 262.22 & 262.23 as Incorporated in 400-45 (455B) I.A.C.]

☒ Adequate ☐ More Effort Required ☐ Inadequate ☐ Not Applicable

2. Short Term Storage (262.34)

☒ Applicable ☐ Not Applicable

A. Personnel Training (265.16)

(1) Position Descriptions

(2) Training Records

☒ ☒ Adequate ☐ ☐ More Effort Required ☐ ☐ Inadequate

B. Preparedness and Prevention Procedures (265.30 & 265.31)

(1) Required Equipment (254.32) and (2) Testing and Maintenance of Equipment (265.33)

☒ ☒ Adequate ☐ ☐ More Effort Required ☐ ☐ Inadequate ☐ ☐ Not Applicable

(3) Access to Communications or Alarm Systems (265.34) and (4) Required Aisle Space (265.35)

☒ ☒ Adequate ☐ ☐ More Effort Required ☐ ☐ Inadequate ☐ ☐ Not Applicable

(5) Arrangements with Local Authorities (265.37)

☒ Adequate ☐ More Effort Required ☐ Inadequate ☐ Not Applicable

C. Emergency Procedures (265.56)

(1) Contingency Plan (265.52) and (2) Instruction on Contingency Plan

☒ ☒ Adequate ☐ ☐ More Effort Required ☐ ☐ Inadequate

3. Recordkeeping (262.40) and Annual Report (262.41)

☒ Adequate ☐ More Effort Required ☐ Inadequate ☐ Not Applicable

Company Name Norplex - Postville Date of Inspection 3-28-84

IAD

0	7	3	4	8	9	2	8	8
---	---	---	---	---	---	---	---	---

SHORT TERM STORAGE SITE INSPECTION REPORT CHECKLIST 4 (Containers)	Instruction Answer and Explain as Necessary
<p>A. Condition of Container (265.171) No drums in storage</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p>	
<p>B. Inspections (265.174)</p> <p><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p>	
<p>C. Special Requirements for Ignitable or Reactive Waste (265.176)</p> <p><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p>	
<p>D. Labeling/Marking on Containers (262.31, 32, 34) No drums in storage</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p>	

SHORT TERM STORAGE SITE INSPECTION REPORT CHECKLIST 5 (Tanks)	Instruction Answer and Explain as Necessary
<p>A. Condition of Tanks (265.192) Not applicable</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p>	
<p>B. Uncovered Tank Requirement (265.192)</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable</p>	
<p>C. Tank with Continuous Feed Requirement (265.192)</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable</p>	
<p>D. Inspections</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate</p>	
<p>E. Special Requirement for Ignitable or Reactive Waste</p> <p><input type="checkbox"/> Adequate <input type="checkbox"/> More Effort Required <input type="checkbox"/> Inadequate <input type="checkbox"/> Not Applicable</p>	

Hazardous Waste Compliance Monitoring and Enforcement Log

1. EPA ID: <u>11AD10173141891218181</u>							4. HANDLER TYPE: <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> NON-MAJOR																																			
2. HANDLER NAME: <u>NORPLEX DIVISION U.O.P.</u>																																										
3. ADDRESS: <u>BOX 445 POSTVILLE, IA 52162</u>																																										
5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT:			<u>3/28/84</u> H. D Y																																							
6. TYPE OF EVALUATION COVERED BY THIS REPORT:			<input checked="" type="checkbox"/> EVALUATION INSPECTION <input type="checkbox"/> RECORD REVIEW <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> SAMPLING INSPECTION <input type="checkbox"/> SPECIAL INSPECTION																																							
7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5):			<u>1/1</u> H D Y																																							
8. AREA AND CLASS OF VIOLATION (enter number of violations by area and class):			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="2" style="width: 15%;">Class of Violation</th> <th colspan="6" style="text-align: center;">Area of Violation</th> </tr> <tr> <th style="width: 10%;">GWM</th> <th style="width: 10%;">CI/PC</th> <th style="width: 10%;">Fin. Res.</th> <th style="width: 10%;">Pt. B</th> <th style="width: 10%;">Comp. Sched.</th> <th style="width: 10%;">Other</th> </tr> <tr> <td style="text-align: center;">I</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;">II</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td style="text-align: center;">III</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						Class of Violation	Area of Violation						GWM	CI/PC	Fin. Res.	Pt. B	Comp. Sched.	Other	I							II							III						
Class of Violation	Area of Violation																																									
	GWM	CI/PC	Fin. Res.	Pt. B	Comp. Sched.	Other																																				
I																																										
II																																										
III																																										
9. ENFORCEMENT ACTIONS FOR CLASS I VIOLATIONS:																																										
Area of Violation	Type of Action Taken (circle one)					Date Action Taken (mdy)	Compliance Dates (mdy)		Penalty																																	
							Scheduled	Actual	Assessed	Collected																																
	Informal	HL/NOV	AO	CivAc	CrimAc	<u>1/1/</u>	<u>1/1/</u>	<u>1/1/</u>																																		
	Informal	HL/NOV	AO	CivAc	CrimAc	<u>1/1/</u>	<u>1/1/</u>	<u>1/1/</u>																																		
	Informal	HL/NOV	AO	CivAc	CrimAc	<u>1/1/</u>	<u>1/1/</u>	<u>1/1/</u>																																		
	Informal	HL/NOV	AO	CivAc	CrimAc	<u>1/1/</u>	<u>1/1/</u>	<u>1/1/</u>																																		
	Informal	HL/NOV	AO	CivAc	CrimAc	<u>1/1/</u>	<u>1/1/</u>	<u>1/1/</u>																																		
	Informal	HL/NOV	AO	CivAc	CrimAc	<u>1/1/</u>	<u>1/1/</u>	<u>1/1/</u>																																		
	Informal	HL/NOV	AO	CivAc	CrimAc	<u>1/1/</u>	<u>1/1/</u>	<u>1/1/</u>																																		
	Informal	HL/NOV	AO	CivAc	CrimAc	<u>1/1/</u>	<u>1/1/</u>	<u>1/1/</u>																																		

10. COMMENTS: NO VIOLATIONS NOTED.